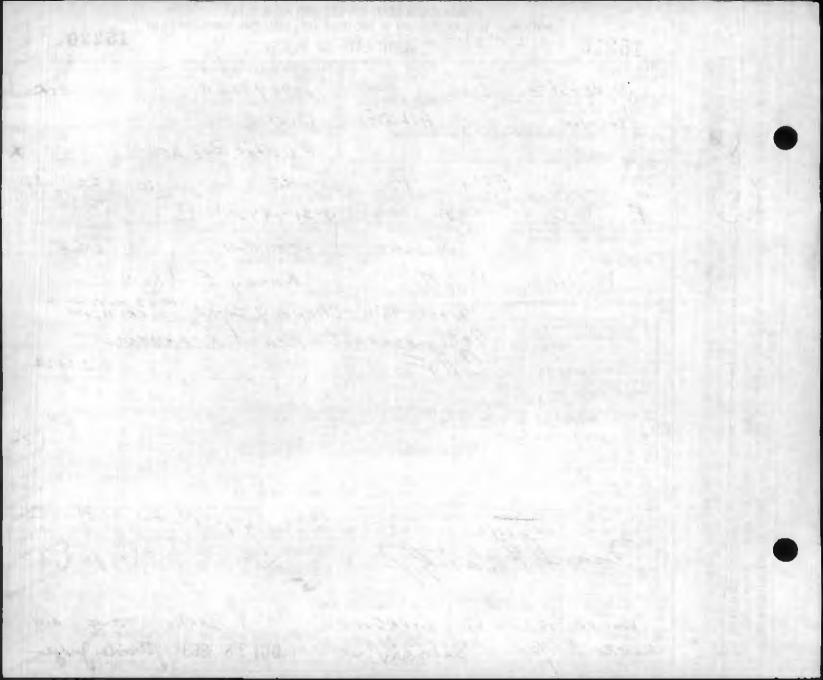
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 1 FilmGLO6 10

15220

death. pup 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Wordester MARYLAND within 24 hours offer b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Life · BEALIN Dexlin d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) D RY43 BOX 250 NO X Box 250 3. NAME OF 4. DATE First Middle Day Year DECEASED 1968 20 DEATH (Type ar print) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** last birthdoy) exect Manths Doys Hours in any 环 WIDOWED DIVORCED UD 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) OR ATTENDING PHYSICIAN: The law requires that the death certificate be COUNTRY? during most of working life, even if retired) INDUSTRY and physician SNOCOH:11 OMESTIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) 43 BOY150 CAUSE OF DEATH (Enter only one cause per line for (g), PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause peen the priar ta last. GS 19. WAS AUTOPSY PERFORMED? nas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health | by the haspital or certificate 5 20g. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) this Hour a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (I) (this hespital) attended the deceased from Page 4 may be retained 1968, and that death accurred at DIRECTOR: saw the deceased alive on 10 M. fram couses and on the date stated above. 22b. DATE SIGNED 220 SIGNATURE M.D. PHYS. PHYS director, page shauld be filed 22d. **ADDRESS** 22c. PHYSICIAN'S O FUNERAL NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Md Dave 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LURETTA BJOHGY VR A15 (4) 25M 1/67 1968



20. AUTOPSY? YES 🗀 NO [ 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State Inquiry X. and in my opinion Undetermined monner ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Robert C. LaMar, M.D. ADDRESS(Street, city, town, or cound now Hill, Maryland NAME (Type) 23c. NAME OF CEMETERY OF CHEMATORY 23a BURIAL CREMATION 23d. LOCATION (City or Town) (County) 10-22-1968 Cutchogue Cemetery Cutchogue - L.I. 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Pocomoke City, Md. DATE Robert Watson

15221

Year

12b. KIND OF BUSINESS OR

Last

Maryland APPROXIMATE INTERVAL

INDRISTRY

Tait

18 687:50

VR A15ME (5) 10M REV. 1/68

5 may 10 FUNE Health

the funeral

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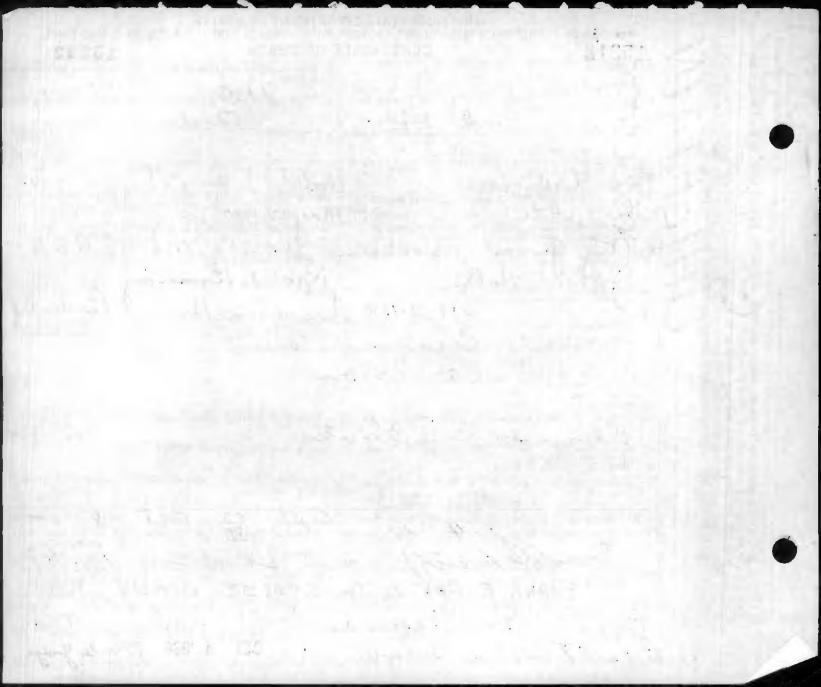
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

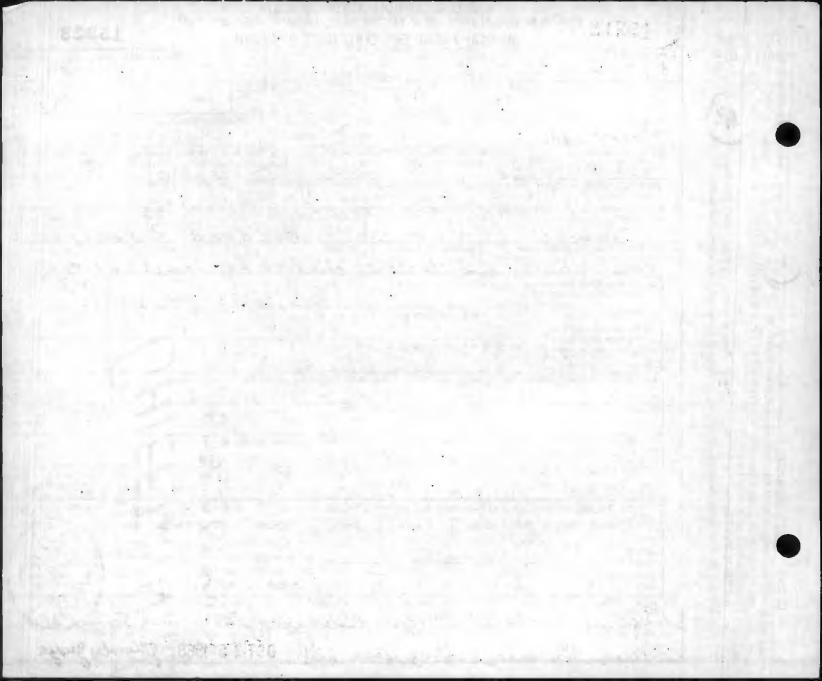
		15212 CERTIFICAT	TE OF DEATH	15222
	1.	PLACE OF DEATH  a. COUNTY  Workster  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE b. COUNTY	on: Residence before admission)
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Outside Corporate limits, c. LENGTH OF STAY IN 1b	Berlin	RAL and give nearest town)
0		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d, STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO M
3		NAME DF DECEASED (Type or print)  Calvin  Middle	Hall 4. DATE Month OF DEATH	9ay Year 4 1968
	7	nale white widowed Divorced	May 28, 1900 68 yrs. Mont	
	dur	a. USUAL OCCUPATION (Give kind of work done industry from the indu	Wor, Co. Md.	2. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME John Hall	Rachel Bunting	
	15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unabwn) (15 yes give war or dates of service) 214-31-2388	Liveni Hall	Berling M.d.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	natoris	ONSET AND DEATH
		Conditions, If any, which DUE TO Ca. Cult	m	
	-	gave rise to immediate cause (a), stating the underlying cause last.		
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT REI	itis	YES NO M
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part I or Part II of Item	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, large, street, officebldg., etc.)	(County) (State)
			at death occurred at 230M, from the causes and o	96, that (I) (we last on the date stated above.
	(		D. PHYS. DIRECTOR PHYS.	10/5/68
1		PHYSICIAN'S NAME (Type) FRANK E. GANTZ, JA	R. 5 BAY ST. BEBLIN	, ND.
	23a	REMOVAL (Specific) 1.0/7/68 Riversid	RY OR CREMATORY 23d. LOCATION (City, town of	md.
8	1	Richard T. Watson, Suby-ille	Del DATE OCT 8 1968 gcl	corles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the Stending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death Page 4 may be retained by the hospital or attending physician.

VR A15 (4)



DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15223 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME Middle 20. DATE KNOWN Manth Day Year 2b. HOUR (Type or Print) OF ESTI-196 3 10 Page 124 o. DEATH MATED IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR and PM3. HOURS Year 3 7a. BIRTHPLACE (State or foreign 7b. CITIZEN WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH ORCES WIDOWED DIVORCED [ in Item 18. Give Pages the Stat 10. CITY OR-TOWN OF DEATH 24 hours after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done along with 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c-CITY OR TOWN 13e. STREET AND NUMBER land 2 with odmission) STATE **V3b.** COUNTY NO NO kaminer's Office ofter Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME ewis pages hours 16b. SOCIAL SECURITY NO 17. INFORMANI pencil (Yes, no or unknown) ewis 70.000 F KORCAN APPROXIMATE INTERVAL BETWEEN ONSET AND OFAT within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit permit. be execute PART 1. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF forwarded to the Chief Conditions, if any, which gave rise to immediate cause (a), writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse i. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CS remayal, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, Pe 4 should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 0 FUNERAL DIRECTOR: Page 3 should PRIMARY OR CONTRIBUTING THOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc. AT WORK burial, 50 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X Inquiry ond in my opinion the funeral director. may be retained death resulted from: Noturol couses Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED SIGNATURE O DEPUTY **EXAMINER'S** Health NAME (Type) ADDRESS Proprietly, town, ar lowery 0 23a. BURIAL, CREMATION, 23b DATE LOCATION (City or Town) (County) (State) MQVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAD 25b. REGISTRAR'S VR A15ME (5) 10M REV. 1/68



15214

7a. BIRTHPLACE (State or for

10. CITY OR TOWN OF DEATH

160. WAS DECEASED EVER IN

Yes, no ocunknown)

14. FATHER'S NAME

CERTIFICATION

004 130. USUAL RESIDENCE (When odmission) STATE

**DECEASED-NAME** 

(Type ar print)

3. SEX

country)

		DEPARTMENT OF PRESTON STREET, BALL		ID 21201	.00*	
	CERTIFI	CATE OF DEATH		13	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS CIAYS HOURS MIN.	
argie	Middle M	il bourne	2a. DATE OF DEATH	nth Pay	1968 2b. H	OUR M
le 14. RACE Ne	910	S. DATE OF BIRTH		(111 /0013		
eign 7b. CITIZEN OF WHAT COU	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	rces-	er	Md.
11. NAME OF I	OSPITAL OR INSTITUTION (IF		AL OCCUPATION (Kind of cost of vorking life, even			OR
e deceased lived, if institution: Res	dence before 13c. CITY C	1 4	13e. STREET AN	D. I		
Middle	Blake	IS. MOTHER'S MAIDEN NAME	first	Middle	Tinale	
U.S. ARMED FORCES? If yes give war or deles of service)	CIAL SECURITY NO. 17.	Sevel M	Ibourne	Address Spoo	w Hil	Mo
(Enter only one couse per line for (c IS CAUSED BY:	), (b), and (a).)	Thomas	a long	1	BETWEEN ONSET AND DE	

18. CAUSE OF DEATH PART I. DEATH WA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO I

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. If either, natify medical examiner)

21d. INTURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY County City or Town

White Nat while at work 22a. I certify that (I) (this ottended the deceased from. D\_0 19.6.8, and that in (my) saw the deceased alive on Composinion deoth occurred on the date and hour and from the

State

causes stated above (1) ( wiew the body after deoth. M.D. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS.

22d. PHYSICIAN'S 22e. ADDRESS 104 Bay Street, Snow Hill, Maryland M.D. NAME (Type) Lloyd O Long, 23d\_LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County)

(Stote) REMOVAL (Specify) Wesley ADDRESS FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Milarlas

DATE OCT

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15225 15215 Iteml FilmGh06 CERTIFICATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution) Residence before admission a. COUNT b. COUNTY CEST 5555 MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN OF autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) NEPUYCH RK ERLIY ban papers within 72 ha e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES X NO NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF RD MIN burial, crematian, ar removal, and in ally event, (Type ar print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED В DATE OF BIRTH **NEVER MARRIED** lost birthday) Months Days Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY,2 A 9 PARNIER CHOV 13. FATHER'S NAMI 14 MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no. or unknown) If If yes, give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b)) and (c)) DNSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause as the prior tal last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Dept. of Health YES [ NO. 20g ACCIDENT WAS JNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached to State Dept. of (IF EITHER NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or tawn) (County) 20c TIME OF INJURY Month, Day, Year (State) factory, street, affice bldg, etc.) Haur am While Not While at work at wark 21. I certify that (I) (this-besorted) attended the deceased from ... 3 shauld twith the 5 and that death occurred at 130 PM, from causes and on the date stated above. sow the deceased alive an 220 SIGNATURE 22b DATE SIGNS ATTENDING director, page 3 should be filed v

M.D. PHYS

22d

DIRECTOR ADDRESS

cc.3

LOCATION (City or Town)

1968

(Stote)

23c BURIAL CREMATION

22c PHYSICIAN'S

NAME (Type)

23b DATE THEREON REMOVAL (Specify) Ċ 6 FUNERAL DIRECTOR

8

23c

NAME OF CEMETERY DR CREMATORS **ADDRESS** 

REC'D BY REGISTRAR 2Sa

23d

2Sb REG STRAR'S SIGNATURE

(County)

VR A15 (4) 25M 1/67

24 haurs ofter death

OR ATTENDING PHYSICIAN: The law requires that the death certificate

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filled

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attending p

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certificate far

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TO FUNERAL DIRECTOR: After

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TO HOSPITAL 4 may guo



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

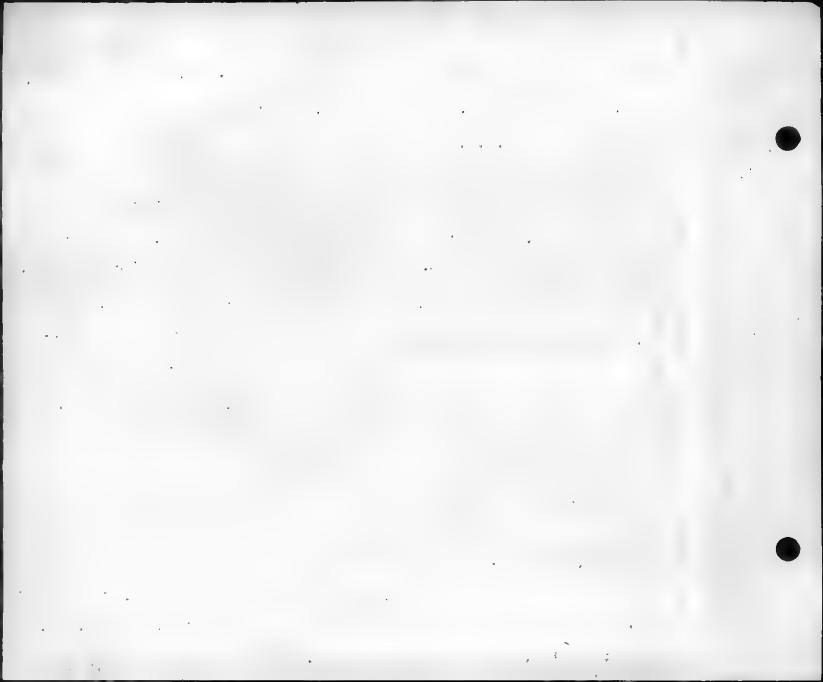
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J.	O	4	2	0

				CERTII	ICAIL OF	DLAII	13		TOW.	60		
1. DECEASED-NAME	First		Middle		Last		20 D	ATE OF DEATH			V	2b. HOUR
(Type or print)	AM	Y	BLAINE	SCHO	OOLFIE	LD	0	ctober	3. Day	19	68	. 104.
3. SEX		4. RACE			S. DATE OF			6 AGE (	n years	IF UNDER		HOURS MIN
Fema	le	W	hite		Oct.	18,	1884	last bir	S YRS.	MONTHS	UATS	HOURS MIN
To BIRTHPLACE (St		7b. CITIZEN OF	WHAT COUNTRY?	8. MARRI	ED [ ] NEVER AV	RRIED	9. COUN	ITY OF DEATH				
Maryla	ınd		S.A.	WIDOW	DIV	ORCED 🔲		WORCE	STER			N
10. CITY OR TOWN		Ur 9	NAME OF HOSPITAL OR II	NOTITUTION (	If not in haspital	ł 2a U during		PATION (Kind of orking life, given SEWITE			KIND OF B USTRY	BUSINESS OR
13a USUAL RESIDER	ICE (Where decen	ed lived if inst	titution Residence before		OR TOWN	13d. INSIDE CI		13e. STREET AND				
odmission), STATE Mary	land	13b. COUNT	orcester	1	omoke	YE2	NO 🗌	816 Se	cond	St:	reet	,
14. FATHER S NAME	First	Middl			IS. MOTHERS	MAIDEN NAM	AE First		Middle			Last
J	OHN	H.	BLAINE			1	[DA	1	٧.	S	TAP	LES
160 WAS DECEASED	EVER IN U.S. AR		16b. SOCIAL SECURITY	/ NO.   1	7. INFORMANT				Address		2.702.2	
Yes no or unkno	(II yes give:	var or dates of service	)	I	Miss A	lice	Scho	olfiel	l, Po	con	ioke	. Md.
		ly one couse or	er line far (a), (b), and (i	9)								ATE INTERVAL SET AND DEATH
	DEATH WAS CAUSE	D BY:	Camanana		uffici	enev	TAT	TATA		_	ew ?	
41,	7	ATE CAUSE (o)			W### # 03	. 0 1 2 0 . 7		V C L C e .			12 AA T	1.6 -
Conditions, if	DOE 10, OK AS A CONSEQUENCE OF											
	rise to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF											
last. 44 2			Arterios		gie &	atho	ກາດເຄື	lomonic			he	0000
PART 2 OTHE	D CICMIDICANT CO	UDITIONS CONTI	DIRECTION DEATH BUILT	NOT DELATER	TO THE TERMIN	AN DISEASE (	OP CONDITIO	M CIVER IN PART	161 EC.	ner	all	zed.
( \( \phi \) \( \frac{1}{2} \)	rebral	ranch	ibosis car	asing	/l+ttl	e st	rokes	оссиг	ring	for	ret	.yr
19a. DATE OF C	PERATION 195	CONDITION FOR	TOSIS CAL DIOCK GITE WHICH OPERATION WAS F	ERFORMED	20a. AU	TOPSY?	SOF	20b. IF YES, WER	YINDINGS C	ONSIDER	RED IN CER	RTIFYING
OHI					YES		本	CAUSES OF DEATH	?			
	T WAS UNDERLY!		E OF INJURY		HOW INJURY O	CCURRED (E	Enter nature	af injury in Port	l or Part 2,	Item 18	}	
	TING CAUSE OF DEA ify medical exam			19								
	OCCURRED 21e		DV / AT HOME, FARM, STREET, I		LOCATION Sti	eet or R.F.D.	. No	City or Town		Caun	ty	State
Where No	at while		OFFICE BUILDING, ETC.	/								
22a. 1 cert	ify that (1) (th	is haspital)	attended the decea	sed fram.	CCT.	0, 1	940,	to <u>UCL</u>	1, 19	66	, that	(I) (we) lo
saw t	he deceased i	ilive an	Oct 1	.19.68	and that in (	my) (aur)	apinian d	eath accurred	on the do	ate and	d hour a	ind fram th
		e, (I) (we) (d	lid) (did nat) view the	e bady att	er death.					O LEE CL	A 41Pm	
22b. SIGNATUI	RE COLUMN	At as.	I Or	mi-	ATTENI	DING A	MED	STAFF		DATE SI		1968
	6.04	77 CO-12	as y	EGREE PHYS		DIRECTOR	PHYS.	LJ (	U 0 a	4,	1700	
22d. PHYSCIAN'S NAME (Type) N. J. Sartorius, Jr., J. D. 114 Larket St., Pocomoke City,									7 7 7			
On PUBLICATION		DATE			OKTHINAKIM			LOCATION (City of		) K.E.		(State)
23a BURIAL, CREM	. 6 3	0-4-19						comoke		,	.,	( /
24. FUNERAL DIRE	TOP		ADDRES	22	thodis	2Sa REC	'D BY REGIS	TRAR 25h	REGISTRAR S	SIGNAT	URE	LICE 9
120	4-61	Vika.	Pocomok	e Ci	tv Ma	DATO	T 7		Clian			22
1000	N PT V	-'UN 900'	T OCOMOR	- U J.	Uy , I'll	O DAID C	71	1009	7	V	A 1	

death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundal director, page 3 should be detached far use as the burial-transit permit. Then please remove carbo⊪ papers. Pages And 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with MZ4 haurs after filled in Page 4 may be retained by the haspital ar attending physician.

OM REVELO

watson



/ 1	te O-	m 18, 2a film 406 MAI	RYLAND STATE DEPA			
FOR STATE		F O d M	L EXAMINER'S CE			27
HEALTH DEPT.		CEASED NAME First	Middle	Lost	20 DATE KNOWN Month OF ESTI-	Doy Yeor 215HOUR
ny deloy is P., ond 3 to P.M.3. Poge ortment of	3 5	Wendell  A RACE   5 DATE OF BIRTH	6 AGE (In years	I'hrush  FUNDER I YEAR FUNDER  MONTHS DAYS HOURS	24 HRS 20 DATE PRONOUNCED DEAD	2d HOJR
ny deto 2, ond PM3. I		le   White   10-2-2	T		Milk Months Day	68°'19 10:30
- C - C - C - C - C - C - C - C - C - C		IRTHPLACE (State or foreign   75 CITIZEN OF WHAT   79) Final Public   ULS. A		RIED MEYER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH Worcester	A.1.
ors offer deoth 118. Give Pages 1, ce along with form 12 with the Stole Page r deoth r		TY OR TOWN OF DEATH 11 NAM give stri	Sofferset St.	(If not in hospital 12a during	SUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY Waiter
s offer 18. Give along with the deoth	130	usual RESIDENCE (Where deceased ryed, funstitution sign) STATEST 4 180 COUNTY.	on Residence before 13c CITY		LIM TS? 138 STREET AND NUMBER	Orive
hours Them 18 Office of Tond 2 v	14. 1	THER'S NAME First Middle	Lost	IS MOTHER'S MAIDEN NAME	First Middle	Lest
rs of		Ross	Thrush	Be	atrice	Reid
H F F F S S	16a ('	VAS DECEASED EVER IN U.S. ARMED FORCES Navy I is, no, arynknown) (fyscansa, var actorise of servet) YES WOTLD WAT II	66 SOCIAL SECURITY NO 11		ife) ADDRESS 278 lev Fhrush, Chil	Renouf Dr.
	F	18. CAUSE OF DEATH (Enter only one couse per line		/ · · · · · · · · · · · · · · · · · · ·		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed word "pending" in the Chief Medicol Existential fransit permit fin any event within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Pendine/	Arterioscle	rotic Heart Disea	
exe endi		DUE TO, OR A	S A CONSEQUENCE OF			
d "p d "p Chiel rans		rise to immediate cause (a) (b)	with Sub tota	T OCCIMPION		
should be e ne word "per o the Chief ! burial-transit		stating the underlying couse DUE TO, OR A	S A CONSEQUENCE OF			
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	C TO DEATH RUT NOT DELATED 1	TO THE TERMINAL DISEASE OF C	CONDITION CIVES IN DART I(a)	
vertificate sh writing the rworded to to sed as a build		4 2	O TO PERIO DOT TO RESILE	THE TERMINAL PURDUE OR V	CONDITION OFFICE IN FRAT IQU	
	CERTIFICATION	190 DATE OF OPERATION 1	96 COND TION FOR WHICH OPE WAS PERFORMED?	RATION		20 AUTOPSY? YES NO
		PRIMARY OR CONTRIBUTING HOUR A.M.		EC HOW INJURY OCCURRED (En	iter nature of injury in Part 1 or Part 2, Hei	
3 = 12 = N	MEDICAL	CAUSE OF DEATH PM. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOTHER AT WORK		f LOCATION Street or R.F.D. No.	City or Town	County State
EXA curte age r you r. Page I, crd						
pleose execute director. Page retoined for you.  Director. Page or to buriol, cre		22a. I certify that I took charge of the death resulted fram: Natural cause		, held an Autapsy [50], Suicide [7], Hamicid	Inspection 😿 , Inquity 😿	, and in my apınıar
oleose ex director. eroined f		Rending		CHIEF MEDICAL		
TY pleose project of the prior to		ACTUAL SIGNATURE	6 CARK	ASSISTANT MED	ICAL EXAM NER 225 DATES	исифо-5-68
necessory, please execute the funeral director. Page 4 S may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S NAME (Type) Clifford E.	Schott, M.D	DEPUTY MEDICA	A EXAMINER & Acting	10-7-00
S Tee	230	BURIAL (REMATION, 10-9-68	23c NAME OF CEMETERY Riverside	or CREMATORY Cometery	VD	(County) (State)
	24	FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 256 REGISTRAR S SI	IGNATURE
VR A15ME (5) 10M REV 1/68	(	mna (1. Durbas	RI Berlin	1 Md. DATEOC	T 8 1968 Action	les Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT . DECEASED-NAME First 2g. DATE KNOWN (Type or Print) OF ESTI-Walter James Walton Oct. DEATH MATED 6. AGE (In yours IF UNDER 1 YEAR 4. RACE IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 2d. HOUR last birthday) 030 Male Negro July 7,1929 YRS 7a. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland and 2 with the State D WIDOWED [ DIVORCED [ USA Worcester 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Truck Driver INDUSTRY give street oddress) Snow Hill Lumber 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Worcester YES NO H111 Snow ofter 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME William Walton Purnell Sarah Examiner's pages hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil be executed within (Yes, no, or unknown) 218208/126 Snow Hill. Mrs. Sarah File Korean APPROXIMATE INTERVA = 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO. ON AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a), This certificate shauld the certificate, writing the ward DUF TO OR AS A CONSEQUENCE OF stating the underlying couse <u>\_</u> PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o SD be used rernova 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO TH 10 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 shauld shauld PRIMARY FOR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, form, street, City or Town FUNERAL DIRECTOR: Page factory, office building, etc.) ond in my opinion Inspection IV. 220. I certify that I took charge of the remains described above, held on Autopsy ... death resulted from: Suicide W. Natural causes Accident Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER EXAMINER'S Health 0. Long, M.D. 104 N. Bay St. ADDRESS(Street, city, lawn, or county) 23c. NAME OF TEMETERY OF CREMATOR 50 BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Snow Hill Burial 24. FUNERAL DIRECTOR 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME [5] \J. ochemile 10M REV. 1/68

The state of the s THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. 1440 (0 LL) FOR STILL OF BUILDING mod Lane CO. Part . Too Finish Section July 7, 1929 39 ModuliousN \_\_\_\_\_ . No reduct \_ levice colors \_ I = 628 \_ \_ IftHores Effect word in the contract but in the contract of the contrac Element down \_\_\_\_\_ motive \_\_\_\_ mrfifill Number of the same And the state of t terial colorante de la coloran

amy delay is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within Zachaurs after death. If

miner's office along with form PM3. Page

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"pending" in

the funêral director. Page a shauld be forwarded to the Chief Medical Ext

3/R A15ME (5) 6M 1/67

necessary, please execute the certificate, writing the word

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15219

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15220

			3.0 2 2 3
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if ins	
O. COUNTY ORCESTER	MARYLAND	STATE POLLAND	LORGESTER
b. CITY OR TOWN (If autside carparate lin		c. CITY OR TOWN (If outside carparate limits, write	1
write RURAL and give nearest town)	All Life		3
d. NAME OF HOSPITAL OR INSTITUTION (II		d. STREET ADDRESS	e IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (II	not in naspital, give street address)	d. SIKEEI ADUKESS	ON A FARM?
		K+4/ DOX 145	YES NO
3. NAME OF OECEASED	Eirst Middle	Lost 4. DATE	Month Doy Year
(Type or print)	EGINIA LEE	WARD DEATH	10 19 1969
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	
F- C	WIDOWED DIVORCED	MARCH 27, 1928 last birthday	
10a. USUAL OCCUPATION (Give kind of work do		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	ARMOUR Poultry Co.		COUNTRY2
LAGORGE 13. FATHER'S NAME	MINNOURIOUTY CO.	14. MOTHER'S MAIDEN NAME	U.Dill.
1. 1	and Direct		æ
MARK	5W FUSEY		EMAN
15. WAS DECEASED EVER IN U.S. ARMED EORCE (Yes, no, or unknown) (If yes give war ar date			esous burg, uld
		Edith M. Shockley 7	41 11
IB. CAUSE OF DEATH (Enter only one	cause per line far (o), (b), and (c).)	/ /	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	SE (a) Multiple a.	unshot wound	ONSET AND DEATH
UI GO	UE TO		
Canditians, if any, which gave	(b)		
rise to immediate cause (a).	UE TO		
stating the underlying cause	(c)		
		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY
S Q X I V	COMMISSION TO DENTI BUT NOT KENTED TO	THE TERMINAL DISEASE CONDITION GITER IN FART 10	PERFORMED?
S 70/ A	Logi occopies view willow accome		YES NO
20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Part I or Part II of item 18.	A De Al De A
	Shot follo	rving argument us	th Waller James Wal
20c. TIME OF INUIRY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Hame, farm, 20f. (City at town	(County) (State)
1 9 pm Oct. 19	968 While Not While & On	state and 365 know Hi	W. Worcester, Md
21. I certify that I taak cha	rge at the remains described abave, h		nquiry v. and in my opini
		icide , Homicide , Undetermined	
avani iyaania irani,	A A A A A A A A A A A A A A A A A A A		-1 101 0
ACTUAL	d () Z ===	()	ctober 2 127. DATE SIGN
SIGNATURE TO	The state of the s	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
EXAMINER'S Lloyd O. Lo	ng, M.D. 104 N. Bay	St. Address (Street, city, tawn, ar caunty)	
23a. BURIAL CREMATION. 23b. DATE	THEREOE 23c NAME OF CEMETERY OF	NO-21001	Town) (County) (County)
REMOVAL (Specify)  REMOVAL (Specify)  10 - 2			Lat 1
	-4- 68 NH. WESLE.	1 DOOW H	
24. FUNERAL DIRECTOR	Jeraey Baik # 2	DET 2 5 1000	REGISTRAR'S SIGNATURE
Horilla D. Holler	1 Salvebury, m	DATE UC   25 1968	Kellanda Ondas

